



Date: \_\_\_\_\_

Is this a recommendation for a new position? \_\_\_\_ Yes \_\_\_\_ No

This is a recommendation to replace \_\_\_\_\_.

I recommend that \_\_\_\_\_ be employed as a  
(Name of Applicant)

\_\_\_\_\_  
(Position/Grade/Subject)

at \_\_\_\_\_ for the \_\_\_\_\_ school year,  
(School) (Year)

effective \_\_\_\_\_. Additional duties will include \_\_\_\_\_  
(Date to Report to Work) (Coaching, Extended Year/Day, etc)

This applicant is currently working in the Colquitt County School system and assigned to:

Location \_\_\_\_\_

Position \_\_\_\_\_

Grade or Subject \_\_\_\_\_

Current Supervisor \_\_\_\_\_

The current supervisor was contacted and approves the transfer. \_\_\_\_ Yes \_\_\_\_ No

**Certification:**

The employee is certified for the vacancy. \_\_\_\_ Yes \_\_\_\_ No

**Interview:**

Personal interview conducted by the hiring administrator. Yes \_\_\_\_ No \_\_\_\_

Number of applicants screened \_\_\_\_\_

Number of interviews conducted for the position \_\_\_\_\_

**Comments:**

Principal: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Superintendent: \_\_\_\_\_

I certify in making this recommendation that I have complied with existing federal, state, and local statutes, regulations, and policies relating to the employment of personnel including those which prohibit discrimination on the basis of race, color, national origin, age, religion, marital status, sex or disability. I also certify that all applications and requests for transfers on file for this position have been reviewed.

Signature \_\_\_\_\_  
(Principal)

List the names of people requesting transfers who were interviewed and the names of new applicants who were interviewed.

Name of Applicants Interviewed	Date Interviewed	References Checked		Comments
		Yes	No	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Is this applicant related to a Colquitt County Board of Education member, the Superintendent or the immediate supervisor? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, to whom: \_\_\_\_\_ Relationship \_\_\_\_\_

Position of Relative: \_\_\_\_\_

\_\_\_\_\_ **TRANSFER WAS MADE PRIOR TO ANY POSTING OF VACANCY**

OR

\_\_\_\_\_ **APPLICANT LIST FOR POSITION IS ATTACHED.**

\_\_\_\_\_ **RECOMMENDED APPLICANT'S COMPLETE JOB APPLICATION or RESUME IS ATTACHED.**

**For Central Office Use Only**

Conditional employment contingent upon: \_\_\_\_\_

Special conditions: Yes\_\_\_\_\_ No\_\_\_\_\_ Board Agenda Date \_\_\_\_\_

Recommended Pay Step\_\_\_\_\_ Certificate Level\_\_\_\_\_

\_\_\_\_\_  
Signature of Assistant Superintendent of Human Resources

\_\_\_\_\_  
Signature of Superintendent